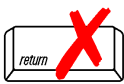




# Massachusetts Department of Environmental Protection Bureau of Waste Prevention

## BWP AQ 36 Application for Non-Traditional Asbestos Abatement Work Practice Approval

**Important:**  
When completing forms on a computer, use only the tab key to move your cursor - do not use the return key.



### A. Work Site Information

#### Facility

Facility Name or Site Description

Facility Address

City/Town

State

ZIP Code

#### Owner

Owner Name

Owner Address

City/Town

State

ZIP Code

Telephone Number

Email Address

**Applicant** - ☐ Check here if same as Owner and skip to next section. Otherwise, complete fields below.

Applicant Name

Applicant Address

City/Town

State

ZIP Code

Telephone Number

Email Address

### B. Project Information

#### Asbestos Abatement Project Designer

Name

Department of Labor Standards (DLS) Contractor License Number

Address

City/Town

State

ZIP Code

Telephone Number

Email Address

#### Asbestos Abatement Contractor

Contractor Name

Department of Labor Standards (DLS) Contractor License Number

Address

City/Town

State

ZIP Code

Telephone Number

Email Address



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention**  
BWP AQ 36 Application for Non-Traditional Asbestos Abatement Work Practice Approval

**B. Project Information** (continued)

**Demolition Contractor** (If Applicable)

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Circumstances** – Check the appropriate box(es) to indicate why a Non-Traditional Asbestos Abatement Work Practice Approval is needed.

- ☐ Facility is being demolished under a state or local government order because it is structurally unsound and in danger of imminent collapse. (Please attach a copy of the order to your work plan proposal.)
- ☐ Asbestos Containing Material (ACM) or Asbestos Containing Waste Material (ACWM) was not accessible for testing, therefore not discovered until after demolition began and, as a result, cannot be safely removed.
- ☐ Abatement activity is being conducted as part of an emergency renovation operation.
- ☐ Asbestos abatement activity is being conducted to clean up and decontaminate a facility or portion of a facility where:
  - ☐ Previous asbestos abatement activities were not conducted in compliance with 310 CMR 7.15.
  - ☐ ACM deterioration, if not immediately attended to, would present a safety or public health hazard.
- ☐ Wetting during a facility renovation would unavoidably damage equipment or present a safety hazard.
- ☐ The project requires bulk loading of ACM and/or ACWM.

List the requirements of 310 CMR 7.15 that you are unable to comply with and explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Project Details**

Types & Amounts of ACM Requiring Non-Traditional Work Practice(s):

☐ Friable \_\_\_\_\_  
Quantity in Cubic Meters (Cubic Yards)

☐ Non-Friable \_\_\_\_\_  
Quantity in Cubic Meters (Cubic Yards)

Location(s) of ACM in the Facility:

\_\_\_\_\_

\_\_\_\_\_



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#### C. Certification

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

Signature

Printed Name

Title

Date (MM/DD/YYYY)

#### D. Submission of Application

**Note:**  
MassDEP review will begin only after your submissions have been received at both locations.

##### STEP 1: Submit Fee Payment

Send the materials below to the P.O. box address below to:

MassDEP  
P.O. Box 4062  
Boston, MA 02211

- ☐ A copy of this completed and signed form.
- ☐ Fee payment of \$600 (check or money order payable to "Commonwealth of Massachusetts").

The following entities are exempt from this fee:

- Cities, towns, counties or districts of the Commonwealth
- Federally recognized Indian tribe housing authorities
- Municipal housing authorities
- The Massachusetts Bay Transportation Authority (MBTA)

Entities that are exempt from the fee must still submit a copy of this completed and signed form, without payment, to the P.O. box above.

##### STEP 2: Submit Application

Send the following materials to the appropriate MassDEP Regional Office\*, Attention: Asbestos Section:

- ☐ This original completed and signed form.
- ☐ A copy of the check or money order from Step 1.
- ☐ Your proposed work plan, describing work practices, duration and schedule. The proposal must:
  - Include signature of the Asbestos Project Designer who prepared it.
  - Demonstrate that the deviations from 310 CMR 7.15 and alternatives proposed will not cause any visible emissions to the outside air or pose significant risk to public health, safety or the environment.
- ☐ All supporting documentation.

\*Find the MassDEP Regional Office for the community where this work will be done:  
<http://www.mass.gov/eea/agencies/massdep/about/contacts/>